## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

10463762

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)   |  |   |                                       |   |                              |                  | SMALL ENTITY TYPE |                        | OR | OTHER THAN                              |                        |
|---|--|---|---------------------------------------|---|------------------------------|------------------|-------------------|------------------------|----|---|------------------------|
| TOTAL CLAIMS  |  |   | りじ                                    |   |                              |                  | RATE              | FEE                    | ]  | RATE                                    | FEE                    |
| FOR   |  |   | NUMBER FILED                          |   | NUMBER EXTRA                 |                  | BASIC FE          | <del></del>            | OR | BASIC FEE                               | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | <sup>) (</sup> minus 20=              |   | * *                          |                  | X\$ 9=            |                        | OR | X\$18=                                  | 71                     |
| INDEPENDENT CLAIMS  |  |   | minus 3 =                             |   | *                            |                  | X42=              |                        | OR | X84=                                    | _                      |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI   | RESENT                                |   |                              |                  | +140=             |                        | OR | +280=                                   |                        |
| * If  | the difference                                 | in column 1 is  | less than zero, enter "0" in column 2 |   |                              |                  | TOTAL             |                        | OR | TOTAL                                   |                        |
|   | C  | LAIMS AS A  | MENDED - PART II                      |   |                              |                  | SMALL ENTITY      |                        |    | OTHER THAN<br>SMALL ENTITY              |                        |
|   |  | (Column 1)  |                                       | (Column :                                   |                              | (Column 3)       | SMALI             |                        | OR | SMALL                                   |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         |                                       | NUM<br>PREVIO<br>PAID                       | BER<br>DUSLY                 | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **  | ····                         | =                | X\$ 9=            |                        | OR | X\$18=                                  |                        |
|   | Independent                                    | ependent   *   Minus   ***  RST PRESENTATION OF MULTIPLE DEPENDEN |                                       |   | CL AIM                       | -                | X42=              |                        | OR | X84=                                    |                        |
| <u> </u>  | THOTTICOL                                      |   | OLIN LL DEF                           | LINDLIN                                     | CEANN                        |                  | +140=             |                        | OR | +280=                                   |                        |
|   |  |   |                                       |   |                              |                  | TOTA<br>ADDIT. FE |                        | OR | TOTAL<br>ADDIT. FEE                     |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                       |   |                              |                  |                   |                        | -  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                              | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **  |                              | =                | X\$ 9=            |                        | OR | X\$18=                                  |                        |
|   | Independent                                    | *   | Minus                                 | ***   | - 01                         | =                | X42=              |                        | OR | X84=                                    |                        |
| L_  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |   |                              |                  | +140=             |                        | OR | +280=                                   |                        |
|   |  |   |                                       |   |                              |                  | TOTA<br>ADDIT. FE |                        | OR | TOTAL<br>ADDIT, FEE                     |                        |
|   | (Column 1) (Column 2) (Column 3)               |   |                                       |   |                              |                  |                   | E                      | -  | AUUII. FEE                              |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         |                                       | HIGH<br>NUM<br>PREVI                        | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **  |                              | =                | X\$ 9=            |                        | OR | X\$18=                                  |                        |
|   | Independent                                    | *   | Minus                                 | ***   | T OL AINA                    | =                | X42=              |                        | OR | X84=                                    |                        |
| -   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |   |                              |                  |                   |                        | OR | +280=                                   |                        |
|   |  | ımn 1 is less than t  |                                       |   |                              |                  | +140=<br>TOTA     |                        | 4  | TOTAL                                   |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                       |   |                              |                  |                   |                        |    |   |                        |